



TONEY ANAYA
GOVERNOR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE

April 11, 1983

P.O. DRAWER 00
ARTESIA, NEW MEXICO 88210
(505) 748-1283

Mesa Petroleum Company
P.O. Box 2009
Amarillo, Texas 79189

Re: Iris State
#2-M-21-7-23
West Pecos Slope Abo

Gentlemen:

We acknowledge receipt of your C-104 dated January 11, 1983,
on the above captioned well.

However, we are returning it as you failed to fill out
Section IV and Section V as required by District Rule 1104.

Once these sections are completed, please return them to
this office for processing.

Very truly yours,

Leslie A. Clements
Leslie A. Clements
Supervisor District II

LAC/pw

Enclosures (5)

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

1. OPERATOR	
Operator Mesa Petroleum Co.	
Address P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name IRIS STATE	Well No. 2	Pool Name, including Formation West Pecos Slope Undesignated ABO	Kind of Lease State, Federal Other	Lease No. 6679
Location				
Unit Letter <u>Ym</u> : 660 Feet From The <u>South</u> Line and 660 Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>7S</u> Range <u>23E</u> , NMPM, <u>Chaves</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 1183 / Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co. (Attn: Aiklen)	P.O. Box 2521 / Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 21	Twp. 7	Rge. 23	Is gas actually connected? yes --	When 4-4-83

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

XC.: NMOCD-A (C+5) CEN RCDS, ACCTG, ENG,
REM (FILE)

R. E. Mathis

(Signature)
REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.